



APPLICATION FOR GEORGIA  
OVERSIZE/OVERWEIGHT LOAD ESCORT  
VEHICLE OPERATOR  
RECERTIFICATION PROGRAM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

**PLEASE ENCLOSE THE FOLLOWING INFORMATION:** after completing the Pilot Escort Driver Recertification Course:

- . COPY OF THE APPLICANT'S CERTIFIED DRIVING RECORD
- . COPY OF APPLICATION FOR GEORGIA OVERSIZE/OVERWEIGHT LOAD ESCORT VEHICLE OPERATOR RECERTIFICATION PROGRAM.

THIS APPLICATION ALONG WITH THE ABOVE LISTED INFORMATION SHOULD BE RETURNED TO:

GEORGIA DEPARTMENT OF TRANSPORTATION  
OVERSIZE PERMIT UNIT  
ATTN: CERTIFIED ESCORT VEHICLE PROGRAM  
P.O. BOX 17937  
ATLANTA, GEORGIA 30316

Telephone: 1-888-262-8306

Fax: 404-635-8516

Website: <http://www.dot.ga.gov/doingbusiness/permits/oversize/Pages/default.aspx>